



New England High Intensity Drug Trafficking Area

Course Enrollment Registration Form

(Please fill out completely!)

Course Name:	Analytical Investigative Techniques	Date(s)	September 26-28, 2011
Location:	NEHIDTA Training Room , 13 Branch St., Suite 9, Methuen, MA 01844		

First Name	Arrest Authority:	Social Security #- last 4 digits only	
Last Name	<input type="radio"/> YES		
M.I.	<input type="radio"/> NO	email	

Parent Agency (What agency signs your check? Spell Out)	Your Rank/Title-Spell Out. (If none , type none)

Job Mailing Address-(Spell out)	Phone Number		
Agency			
Address	FAX Number		
City	State	Zip Code	Other Number

Does your Agency participate in a HIDTA Initiative?		Parent Agency is: <input type="button" value="Select"/>
<input type="radio"/> Yes	Initiative Name	

Section below must be completed by Supervisor

Approved by: (Supervisor's First name, MI, Last name)	Supervisor's Signature:
Rank/Title:	Title:
Agency and Address:	Telephone:

Please **fax this Registration Form** to Cynthia Kahrman at **978-691-2510**.
A hard copy or fax **must be received with supervisor's approval before confirmation is sent.**
A confirmation letter will be sent as a reminder 2-3 weeks prior to the class.